



19 CSR 25-30—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES

RECEIVED  
Division 25 By Carol Day at 9:48 am, Dec 10, 2013



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
DATAMASTER MAINTENANCE REPORT

REPORT #8

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN <u>201242</u>	NAME OF AGENCY <u>FORISTALL</u>	DATE OF INSPECTION <u>120913</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>30151 ST FORISTALL</u>		TIME OF INSPECTION <u>2328</u>

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) <u>120913 2328</u>
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>49</u> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>GRUTH</u>	LOT # <u>13010</u> EXP. DATE <u>010915</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C	SIMULATOR SN <u>D25377</u> EXP. DATE <u>12313</u>

CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 <u>1098</u>	TEST 2 <u>1097</u>	TEST 3 <u>1098</u>
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☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	1 (0-.04) <u>0</u>	(.05-.09) <u>2</u>	(.10-.14) <u>3</u>	(.15-.19) <u>0</u>	OVER .19 <u>0</u>
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS  
(USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER

SIGNATURE <u>[Signature]</u>	PRINT FULL NAME <u>J. FOGLE 751</u>
TYPE (ID) NUMBER EXPIRATION DATE <u>235295</u>	TELEPHONE NUMBER <u>6364632107</u>

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901

MO 580-1488 (2-08)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
services provided on a non-discriminatory basis

LAS-116



**GUTH LABORATORIES, INC.**

890 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 14, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L  $\pm$  3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

**NIST Traceability:**

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.  
All balances are calibrated annually by an outside agency using NIST traceable weights.  
Calibration verification is done prior to each use utilizing NIST traceable weights.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF CALIFORNIA  
SANTA CLARA COUNTY  
SANTA CLARA POLICE DEPARTMENT

\*\*\* DATA MASTER SERIAL NUMBER 80194C  
10/01/97  
R3.03

--- TRANSMISSION CHECK ---

COUNTDOWN 10000

PROGRAM (01-17-10000) OKAY

RECEIVED  
ATTEMPT NUMBER 450

TRANSMISSION OKAY

OKAY  
RECEIVED  
OKAY

RECEIVED  
OKAY

RECEIVED  
OKAY

RECEIVED  
OKAY

RECEIVED  
OKAY

PROGRAM TEST

170000 170000 170000 170000 170000 170000 170000 170000 170000 170000  
170000 170000 170000 170000 170000 170000 170000 170000 170000 170000  
170000 170000 170000 170000 170000 170000 170000 170000 170000 170000  
170000 170000 170000 170000 170000 170000 170000 170000 170000 170000

*Operator Signature*

OPERATOR SIGNATURE

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1400 SAN JOSE, CA 95131

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STREET ADDRESS  
CITY/STATE/ZIP

TELEPHONE NUMBER  
12345678

NAME  
LAST

FIRST

PERMIT NUMBER

EXPIRATION DATE

ISSUANCE DATE

SUPERVISOR NAME

BLANK TEST

INTERNAL STANDARD

EXTERNAL STANDARD

BLANK TEST

INTERNAL STANDARD

BLANK TEST

EXTERNAL STANDARD

BLANK TEST

N = 0

STDEV = 0.00

MEAN = 10000

OPERATOR SIGNATURE

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

DATE: 11/11/00  
TIME: 11:00 AM

BAC: 0.00% SERIAL NUMBER: 11111111

ALCOHOL: 0.00% BAC: 0.00%

TEST: 11/11/00

TEST: 11/11/00

TEST: 11/11/00

TEST: 11/11/00

TEST: 11/11/00

TEST: 11/11/00

TEST: 11/11/00

TEST: 11/11/00

TEST: 11/11/00

TEST: 11/11/00

TEST: 11/11/00

TEST: 11/11/00

--- BREATH ANALYSIS ---

TEST: 11/11/00

TEST: 11/11/00

TEST: 11/11/00

OPERATOR SIGNATURE

*[Signature]* 757

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



JEANNETTE L POOLE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/04/2012

Number 220222

Expires 09/04/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)